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ABSTRACT

Focusing on the federal government's efforts to educate the public to the dangers of Acquired Immune Deficiency Syndrome (AIDS), a study examined "America Responds to AIDS" public service announcements (PSA's) through a traditional rhetorical analysis (PSA characters, plot, pace, tone, and message design). Forty-four English-language television and radio PSA's produced under the "America Responds to AIDS" campaign were examined. Results indicated that the PSA's: (1) support cultural stereotypes of male carriers and female victims; (2) used inexplicit terminology; (3) employed fear appeals; (4) blocked access to helpful information with a government gatekeeper; and (5) empowered AIDS as an active social phenomena--rather than a medical problem--which attacks helpless victims. Findings suggest that the PSA's supported "traditional" family and social relationships; denied homosexuals and other disenfranchised groups a voice in the fight against the disease; and failed to address behavioral changes needed to control the spread of HIV infection and AIDS. (Contains 42 references.) (Author/RS)

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# Mass Media Messages, Myths and Martyrs:

## Analyzing "America Responds to AIDS"

## Public Service Announcements, 1987-1992

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University of Oklahoma/Cameron University
November, 1993

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Abstract
Mass Media Messages, Myths and Martyrs:
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Douglas J. Swanson

Existing research into broadcast AIDS PSAs focuses on traditional content analysis and effects. Though valuable, it fails to account for the full dramatization of the anti-AIDS message through characterization, dialogue and politicization of AIDS itself--all, areas which may influence the way audiences perceive and react to the PSAs' discourse. The author examines 44 English-language TV and radio PSAs produced and distributed under the "America Responds to AIDS" campaign. The PSAs are examined through a traditional rhetorical analysis (PSA characters, plot, pace, tone, and message design) and through a textualist approach building off the earlier findings of Shapiro (1981; 1984) and Smail (1984). "America Responds to AIDS" PSAs are shown to support cultural stereotypes of male carriers and female victims; use inexplicit terminology; employ fear appeals; block access to helpful information with a government gatekeeper; and empower AIDS as an active social phenomena--rather than a medical problem--which attacks helpless victims. The spots support "traditional" family and social relationships and deny homosexuals and other disenfranchised groups a voice in the fight against the disease. They also fail to address behavioral changes needed to control the spread of HIV infection and AIDS.

## Introduction

AIDS has radically changed our educational system and business environment. It has forced us to review our religious beliefs and altered our priorities for health care. Many more changes and additional uncomfortable social adjustments are yet to come.

These changes will take place in what is already the most electronically connected society ever established. It's a society offering virtually unlimited potential for us to communicate amongst ourselves--to help people control the spread of HIV infection and AIDS. Unfortunately, though, our broadcast media in many ways have failed to make dramatic progress toward this important goal.

This fact becomes especially clear when one examines the federal government's efforts to educate the public to the dangers of AIDS through the "America Responds to AIDS" TV and radio public service announcement (PSA) campaign. The campaign (which is carried out under the auspices of the U.S. Department of Health and Human Services and the U.S. Centers for Disease Control), was purportedly established to inform the public about AIDS and educate citizens to low-risk behaviors. The campaign sponsors have reported success in inciting public discussion of HIV infection and AIDS.

Still, the potential for the "America Responds to AIDS" effort to bring about the behavioral change experts say is necessary to stop the accelerating number of HIV infection cases would appear to be limited by the very structure and content of the PSAs themselves. In fact, the PSAs most widely used on TV and radio to inform people about AIDS and get them to stop their unsafe practices just aren't designed for effectiveness among populations most at risk.

What follows is a rhetorical and textual analysis of 22 English-language television PSAs and 22 radio PSAs obtained by the author from the

U.S. Centers for Disease Control in Atlanta, Georgia. The PSAs--all of which are either 30- or 60-seconds in duration--have been identified by the C.D.C. as free spot announcements produced and offered to TV and radio stations for broadcast in 1987, 1988, 1989, 1990, 1991, and 1992--a total of 14 minutes of TV air time and 18 minutes of radio air time.

The analysis of these PSAs illustrates that while "America Responds to AIDS" purports to be a unified government anti-AIDS campaign, one of its main products--the PSAs--contains a fragmented mix of unfocused communicative efforts. Rather than uniting members of our American 'melting pot' to fight HIV infection and AIDS, the TV and radio spots actually divide the population by reinforcing existing community stereotypes and excluding the members of already disenfranchised groups from the fight against the disease.

## Research Problem

Although initially a disorder which was perceived as an illness involving "marginalized groups, especially gay men" (Herek & Glunt, 1988, Abstract), HIV infection--which leads to full development of AIDS--is now recognized as a potential threat to all members of society. For this reason alone, the public should rightfully be subject to an ongoing educational program about the illness. The public needs to continuously be exposed to the fact that, so far, the epidemic is uncontrolled and that there is no vaccine or other agent which can prevent HIV infection. It should be understood that, as of November, 1991, the U.S. Centers for Disease Control reported approximately 196,000 cases of AIDS in the U.S.; that 120,000 of those victims had already died (Brown, 1991, p. 4). People should be aware that the C.D.C. has estimated, by the time end-of-year 1991 tallies were recorded, AIDS would be recognized as the second leading cause of death of American men aged 25-44 and one of the top five leading causes of death of American women aged 15-44 (U.S. Centers for Disease Control, 1991, p. 357). Lest there be any doubt of the seriousness of the AIDS epidemic, the public should also learn that an estimated 1 million Americans are infected ("AIDS Cost Increasing. . .", 1991, p. 26). The public should be reminded of the cost of AIDS in our society--nearly $10.5 billion by 1994 ("AIDS Cost Increasing. . .", 1991, p. 26).

When they're included as part of a unified and focused communicative effort, broadcast PSAs can help in this educational effort by delivering these important facts. Research has shown that broadcast PSAs are helpful in delivering general information to general audiences (Hastings, Eadie & Scott, 1990; Blosser & Roberts, 1985; Bosompra, 1989; Stroman & Seltzer, 1989; O'Keefe, 1985; Market Facts, 1979; Hanneman & McEwen, 1973). More than $700 million worth of TV air time is set aside annually in the U.S. for PSAs (Sandage, Fryberger, & Rotzoll, 1983; Garbett, 1981); more than

120,000 AIDS PSAs alone were aired on TV between October, 1987, and December, 1990 ("More than 120,000. . .", 1991). PSAs dealing with the subject of AIDS air over stations in all the major markets in the U.S. as well as overseas ("American Advertising Federation . . .", 1989, p. C9; Toufexis, 1987).

To date, the vast majority of communication research into PSAs regarding health issues in general focuses on traditional rhetorical analysis and effects studies, in an attempt to determine what information the spots contain, and whether people are watching and listening to them. Most of this research is consistent in that it finds PSAs do contain valuable general information, and that the information can be assimilated by a general audience (Hales-Mabry, 1987; Ramirez et al, 1983; Chicci & Guthrie, 1982). When looking specifically at PSAs on television, Blosser and Roberts find generally high comprehension of narrative content of PSAs "even by the youngest children" (1985, p. 455). Repetition of

this narrative can aid in learning (Just, Crigler, & Wallach, 1990), although it has been shown that televised PSA viewers do not always correctly perceive the intent of the broadcasts they view (Blosser & Roberts, 1985).

It's relatively easy to disseminate information about AIDS to the public. The task becomes complicated when the goal becomes that of inciting behavioral change. Changes in behavior, especially where sexual behavior is concerned, are linked to "deep biological and psychological drives and desires" (Robert et al., 1986, p. 15); they are difficult to alter. It is especially difficult to attempt to alter behavior when little or no effort is made by planners to "segment their audiences" and "recommend specific preventative behaviors" (Freimuth, Hammond, Edgar & Monahan, 1990).

Previous researchers have looked at the question of factors external to the message that may produce an effect on the audience to help stimulate behavioral change. These researchers have found that, in order to create a most favorable climate for influencing behavioral change through AIDS-related PSAs, one must take into account the critical role that interpersonal communication plays in the process (Cohen, Guiguet, Weills, & Balleron, 1990; Jacobs, 1990; Rukarangira, Ngirabakunzi, Bihimi, & Kitembo, 1990), remembering that "mass media messages alone are not effective" (Overton, 1989; Abstract). One must consider the relationship of a positive self-image and the management of conflict within the individual viewer's experience (Edgar, Hammond, & Freimuth, 1989).

Certainly labelling of high-risk behaviors would also be warranted (Catania, Kegeles & Coates, 1990), as there seems to be a need to focus on specific behaviors if one is to encourage members of the audience to make changes in their lives. Such a plan of action would also need to actively seek individual personal commitment to changing those behaviors and an

identification of social support programs which can help reduce the risk of HIV infection (Catania, Kegeles, & Coates, 1990; Yep, 1990). Those targeted for behavioral change should see themselves as active participants in a targeted group for which the AIDS information is specifically prepared (deFrancesco, Austin, Bordowitz, Carolomusto, & Hoskins, 1990; Van Dam, 1989). Alcalay's research shows behavior modeling should be a part of the process (1983), as does Remafedi, who goes on to indicate that the effort should include building of social supports, self-esteem and positive identity (1988). When engaging the question of behavioral changes in the audience, Maibach found participants in his (1990) AIDS prevention research were most likely to develop new low-risk behavior patterns when invclved in a presentation featuring information dissemination, modelling, and rehearsal. Viewers that Maibach surveyed who were subject to AIDS information alone showed the least improvement in their at-risk behaviors (Maibach, 1990).

It has been asserted that television in specific, and the broadcast media in general, are unable to effectively address the specific behaviors associated with AIDS prevention through the current genre of messages employed (Freimuth, Hammond, Edgar, & Monahan, 1990; Overton, 1989; Grube & Boehme-Duerr, 1988; Strohman & Seltzer, 1988). Simply put--programming alone, especially programming which portrays the fight against AIDS and HIV infection in the media's typically generic, inexplicit, and stereotypically mainstream way--is said to be insufficient to incite behavioral change because it does not address the many issues associated with the HIV virus and AIDS in ways that make a direct connection with those most likely to be at risk. We must not stop trying to develop anti-AIDS messages that will be effective through the media; and, we must not stop trying to further our own understanding of how these messages impact on the audiences who watch and listen to them. After all, as Cleary states, "[E]ven if the political,

financial, and logistical difficulties of launching such a program were overcome, there would still be a need to develop and refine our knowledge about the types of messages necessary to change behavior and the best ways of disseminating those messages" (Cleary, 1988, p. 272).

One way to help "develop and refine our knowledge" is to take a look at existing anti-AIDS messages in a new light, building in part upon the ideas contained in Myrick, Trivoulidis, Swanson, Lam, & Al-Qhtani (1992). Such is the purpose of this research into the PSAs produced by the "America Responds to AIDS" campaign.

Rather than looking primarily for direct cause-effect relationships between these TV and radio messages, their audience, and changes in audience behavior, this research delves into the PSAs from a different perspective. It attempts an analysis of the messages at two levels of discourse: at the surface, or rhetorical level; and, at the deeper, textualist level--at which the constitutive power of language is seen as an effort to create and represent objects, subjects, and knowledge to focus on the power relationships at work which contribute to the constitution of meaning. An analysis at this deeper textualist level (Shapiro, 1984; Smail, 1984; Shapiro, 1981) allows us to demystify subjects, objects and knowledge and understand a fuller linguistic and political construction. This approach thus acts to politicize the message by analyzing the way the text produces and expresses meaning.

## Methodology

The combination of these two levels of analysis--rhetorical analysis and deeper, textualist approach--will allow a deeper examination of the discursive practices at work in the "America Responds to AIDS" TV and radio PSAs. This examination will be guided in part by the principles delineated by Shapiro (1984; 1981) and Smail (1984), researchers who provide

conceptually coherent pictures of textual analysis as an approach to political communication--by treating discourse as the most basic unit of analysis.

When going beyond rhetorical criticism to account for textualism as a legitimate approach for the social scientist, Shapiro explains the exact understanding of political communication and its relationship to discourse, power and knowledge. Shapiro defines as political "those processes which involve sanctioned individual and collective control over valued experience . . ." (1981, p. 211) exercised not through the direct will of a sovereign nor through legal proscriptions but through the creation of objects and persons. "Power is immanent, therefore, in rules that constitute these persons and things" (Shapiro, 1981, p. 218).

Discursive practices constitute particular persons as agents, or manipulators, of what is considered to be knowledge, or valuable, relevant phenomena. The discursive practices also constitute the actual rules that can be used to theoretically and methodologically understand, conceive of, and distinguish what can be considered knowledge--from that which is not considered to be knowledge. This constitutive aspect of the discursive practice ultimately relies on the power of the discourse to delineate what can and cannot be thought about. In other words, everything is contained in and constituted by discourse. It follows that, from this perspective, discourse also creates human beings through figures of speech and provides the opportunity for representation--the constitution of ourselves. Probably the most essential assumption imbedded in this definition is that it foregrounds and privileges discourse as the ultimate <u>reality</u> itself--as well as the means we use to talk about <u>reality</u>. There is no pre-existing moment or experience.

Like Shapiro, Smail is committed to the idea that language uses people--rather than vice versa, a notion which can be traced to Heidegger.

Words are, in a sense, arbitrary and carry "no guarantee of objective truth--"objective" being "a truth beyond what people simply agree about" (Smail, 1984, p. 60).

The methodological consequence of such an approach is the treatment of all texts as literary. Smail and Shapiro are thus able to maintain their focus on language and its productive power because the literary is primarily concerned with language's power to produce the phenomenon of fiction--or, in the case of PSAs--the phenomenon of dramatization.

Such an approach in the case of the "America Responds to AIDS" PSAs will allow for an examination of questions such as:

What is valuable knowledge about AIDS?

What rules establish valuable knowledge from what is not valuable knowledge?

Who or what is empowered to fight AIDS?

Who or what is disabled in the fight against AIDS?

Who has a voice in the fight against AIDS--and who does not?

## Rhetorical Analysis

A simple rhetorical analysis was performed on each of the 22 TV and 22 radio PSAs, to determine the scope and slant of their messages, characterizations, pace/tone of each spot, presence of communication "gatekeeper" and overall persuasive strategies employed. As a result of this analysis, the PSAs were found to share seven basic characteristics:

### Monologue

More often than not, the PSAs employ a single individual narrator to present the message. Sixteen of the TV PSAs, or 73%, and 15 radio PSAs, or 68%, featured a single narrator, speaking in the first person familiar, about the real or perceived HIV or AIDS threat.

Male 'Carriers'; Female 'Victims'

The PSAs often portrayed HIV infection and AIDS as a malady characterized by male 'carriers' and female 'victims.' Among the TV PSAs, nine of the spots--or 41%--portrayed females as HIV or AIDS victims. Five of the TV PSAs--or 23%--either implicitly or explicitly stated that infection results from infected males, most of which were not shown in the video. Among radio PSAs, ten spots, or 45% of the total, dramatized the HIV or AIDS threat as resulting or having resulted initially from the actions of an infected male. All but one of these infected males were spoken of but not represented in the drama. Ten, or 45%, featured female HIV or AIDS victims portrayed or spoken of in the dramatization.

Traditional Sexual Relationships

Among the TV PSAs, 15--or 68%--allude to the AIDS threat as resulting from sexual contact. Of these spots, 10--or 45%--make no allusion to or mention of this threat as a consequence of homosexual behavior. Five TV spots--or 23%--leave open the possibility that homosexual contact resulted or could result in a portrayed male becoming infected. None of the men uses the word "homosexual" and only one spot, or 5% of the total TV program content, features an HIV infected person making a statement suggesting homosexual contact resulted in infection. None of the 22 radio PSAs portrayed homosexuals or described homosexual relationships.

The PSAs which most strongly suggest the presence of a homosexual are the two PSAs portraying "Peter," a single male. In the television PSA, "Peter" narrates the spot but is not shown on the screen. He never states his sexual orientation, but he does state in the narration that he became infected by ". . .doing what I did; and I don't mean drugs." In the radio PSA titled "Peter," his narration is even more vague. On radio, "Peter"

states that his HIV infection resulted from "doing what I did"--but he does not go on to indicate that the "doing" was not drug-related.

Drugs and Infidelity

Eight, or 36% of the TV PSAs either explicitly state or imply that illegal drug use or infidelity to a longstanding heterosexual relationship brought about, or brings about, HIV infection or AIDS. Sixteen, or 73% of the radio spots state outright or imply that drug use or infidelity to a heterosexual relationship did or could result in infection.

Inexplicit Terminology

The PSAs use vague language to describe HIV risk, virus transmission and AIDS infection. Physical symptoms are not mentioned at all. Among television spots, for example, the word "condom" is used a total of four times in two spots--one of which is titled "condom." The word "doctor" is not mentioned in any of the TV spots and only once in the radio PSAs. One radio spot uses "condom" one time.

Government Gatekeeper

All 22 television PSAs present the federal government as the information dissemination source for additional HIV/AIDS facts. Each spot closes with a presentation of the toll-free telephone number; most include a voice-over telling audience members to call "to find out more." Among radio spots, 20--or 90%--close with a request that listeners dial "to talk" or to "determine your risk" for infection.

Fear Appeals

The TV PSAs did not seem to contain overly strong fear appeals. After his review of the 22 spots, the author characterized only two--or 10%--as

having excessively strong fear appeals. Among radio PSAs, eight--or 36%--seem to contain a message which was perceived as intended, either primarily or secondarily, to generate or support fear of HIV infection or AIDS. These fear appeals included fear of unfaithful men, fear of the unknown medical history of "dates", fear of moral deviants, and/or fear of one's own past "sex with someone who might be infected."

## Textual Analysis

A basic textual analysis was performed on each of the 44 PSAs, to determine the "value system embedded in the process of signification which is responsible for producing the objects, acts, and events we entertain in our conscious awareness" (Shapiro in Shapiro, 1984, p. 223).

Many similarities were found--similarities which build upon the biases and stereotypes already identified through the content analysis:

### The Enabled

Rather than empowering a particular person or individual, identifiable role model in the fight against HIV infection and AIDS, these PSAs continually empower the virus itself. When they are not empowering HIV infection, AIDS, or its result (death), they often empower the unknown. The television spots use narration and video images which build upon a perception of a great "unknown"--unknown numbers of people infected with the virus, unknown personal friends or family members infected with the virus, and unknown personal ability to remain free from the virus. People other than the narrator, for example, are sometimes shown in quick, fuzzy black-and-white video clips--a technique which adds to the "mysteriousness" and makes these people appear as strangers or outsiders. At least one spot--the PSA titled "Sofa"--takes on the appearance of a horror movie. In this PSA, a television set with a mind of its own defies its own remote

control and turns itself on over and over again, shining a bright light on two subjects seated on a couch. The television narrator looks directly at the two amorous young people and proceeds to tell them of the dangers of AIDS, reminding them that the person they ". . .are with right now" could be infected. The two people give the insistent television their attention; they stop kissing and obediently begin talking to each other.

When the PSAs' discourse does enable people as agents to control themselves and their environments, they are not always shown as positive role models. TV spots featuring parents portray the parents as nagging, repetitive bores; the children are self-centered and disinterested in learning. One such spot even portrays the child using a TV remote control to "fast forward" her mother's discussion about sex. The TV spots portray HIV-infected people as healthy and in pleasant surroundings. The radio PSAs, however, are particularly unkind to HIV-infected people. The radio spots portray them mostly as disease carriers with the ability, negligence, or blatant desire to harm others.

The Disabled

Those portrayed in a position of powerlessness in the PSAs are, more often than not, women (in six of 22 television spots, or 27%; and 12 out of 22 radio spots, or 55%). The population in general, personal judgment, conscience, and physical well being are also disabled--either individually or collectively--through the discourse of these PSAs.

Valuable Knowledge

The "America Responds to AIDS" PSAs formulate a discourse which values certain information and devalues other information. Primarily, through their characterizations and discourse, they illustrate the valuable knowledge that illegal drug use clouds judgment and leads to AIDS infection; that anyone who listeners meet could be HIV infected; that listeners should be afraid of AIDS; that there can be no safe reconciliation after a partner has "stepped out" of a longstanding heterosexual relationship. Secondarily, the PSAs illustrate, through their great lack of portrayal of homosexuals, that HIV infection and AIDS are issues over which the homosexual population has no voice. The spots also portray no physically ill or suffering HIV-infected individuals. The TV spots in particular show HIV-infected people as healthy and vibrant, standing by the sea shore or riding a bicycle--bathed in a soft, warm light--suggesting we would not or could not learn about AIDS from someone who looks sick.

Portrayal of HIV Infection/AIDS

Smail makes the point that words "are the result of our imperfect struggle to articulate our experience" (1984, p. 60). As a result, we may be "unaware of there being any reality beyond language"--words may become part of our received truth without any question on our part (Smail, 1984,

p. 62). This may illustrate the most dangerous result of the "America Responds to AIDS" TV and radio PSA campaign: that the portrayal of HIV infection and AIDS, through carefully crafted language accompanied by tailored video and audio elements, may proscribe any reality to HIV and AIDS other than that designed by the campaign.

The "America Responds to AIDS" PSAs portray HIV infection and AIDS as primarily social--not medical problems. The author felt that the social consequences overshadowed medical implications of the virus in 16 TV and 16 radio spots--73% of the total. The spots portray illness through the discourse as a penalty which stem from immoral or illegal behavior (including illegal drug use and "stepping out" on a partner). Illness is shown as a penalty which stems from failure to follow mother's advice and "make the right decision" about personal behavior. "Healthy lifestyles can be learned," asserts the narrator in one of the TV spots. "Are they being taught?" Perhaps worst of all, HIV and AIDS are portrayed as if they had minds of their own; as if they can move and act in ways which would make the victims powerless to avoid infection.

Mythic Summary

Smail finds that even everyday language can support a mythical view of the world, as words become "representatives of a reality which imposes itself upon us" (1984, p. 60). Through the words and dramatization of the "America Responds to AIDS" PSAs, we are subject to a mythical reality--a reality of what HIV and AIDS infection means, how others in the world around us are influenced as a result, and how we should be influenced by the presence of the virus.

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Interestingly enough, most of the "Mythic Summaries" of the AIDS PSAs fall into familiar niches we can all relate to. The television spot myths include "The Birds and the Bees," several spots which portray out-of-touch, dull parents speaking to their inattentive children about sex. The TV PSAs include the schoolhouse version of "Support Your Local Police" as the narrator rallies the audience to be in touch with teachers to assure that ". . .healthy lifestyles. . .are being taught." Among radio PSAs, there's "What Goes Around Comes Around"--a reminder that those who cheat on their partners will be hurt themselves by AIDS. There's "You Can't Tell a Book by its Cover"--a reminder that even a "cute guy" or "shy girl" could be HIV infected. There's the "Mother Knows Best" myth--which tells us how we will suffer, should we neglect mother's advice and opt for non-traditional sexual relationships. There are others as well--all built around the discourse which substantiates HIV infection and AIDS as "repellent and shameful" social phenomena (Hastings, Eadie & Scott, 1990, p. 18), not medical problems.

## Conclusion

The "America Responds to AIDS" PSAs are not as effective as they could be, in regard to increasing public awareness and behavioral change, for a number of reasons:

The PSAs strongly enforce a message that AIDS infection is linked with drug addiction. Of course it is true that IV drug users are among those most likely to acquire the HIV virus; it is also true that people have become infected with the virus after having a sexual encounter with an infected drug user. But by making the AIDS--drug connection in the vast majority of its PSAs the "America Responds to AIDS" campaign infers that there is an inexorable link between illegal drugs and AIDS infection. That's just not true.

The PSAs' discourse and characterization neglects a large segment of the population most likely to be at risk for HIV infection--homosexuals. By portraying all subjects as heterosexual and speaking only in terms which identify with heterosexuals, the PSAs deliver a spoken and unspoken message that heterosexual people exclusively are the ones who should be concerned with the disease. This likely works to naturalize and give an official stamp of approval to heterosexual activity. In so doing, the PSAs may give listeners the impression that knowledge about AIDS is the right of the heterosexual; heterosexuals own this knowledge.

People who are outwardly ill--suffering the physical effects of HIV infection and AIDS--also have no place in the discourse. All HIV infected people and AIDS sufferers characterized or spoken of are either well and physically active, or dead.

The analysis of the PSAs' rhetoric and linguistic content shows no role surprises. Men are portrayed as having the power to infect "their" women; women are in danger of that infection and virtually powerless to determine their risk, openly admitting their "worry" that they will be

infected by men who are "stepping out" or "cheating." Parents are dull and repetitive; teenagers are self-centered and sarcastic. If we assume (and we must) that the intent of the announcements is to inform about AIDS and increase the opportunities for behavioral change, this stereotyping serves to dilute rather than strengthen the PSAs' impact, because it fails to portray individuals in a positive light and able to direct their own destinies.

Another concern lies with the PSAs' descriptions of the dangers of AIDS and the illness' impact on people. Initially, the spots prime viewers and listeners to be aware of AIDS and to learn about preventing this tragedy from occurring in their lives. But no specific information follows this cue. Audience members are instead given only a government telephone number to call to "talk" or "determine. . . risk" of HIV infection. Thus, the PSAs' ability to begin and maintain a real discourse on this subject would appear to be limited; it remains organized around the government's discourse of itself as protector of a citizenship. Government is in control; government has the legitimate and powerful voice--unquestioned and uncontested.

People who want and need this important information about AIDS, then, must go to extra effort to obtain it from the government, on the government's terms. One wonders how many--especially among urban inner-city youth and other "fringe" populations most at risk of HIV infection--will take this step.

An additional problem is the complete lack of specificity in the program content. The PSAs are extremely vague--to the point where the word "condom" is used only five times in 44 spots. The word "doctor" is heard only once. The word "homosexual" is never used. If we are to assume that, among TV viewers alone, for example, ". . .cognitive activity while viewing apparently is not very great and for a sizeable number of viewers, it is

nil," (Comstock, 1989, p. 71) then the messages these PSAs are trying to deliver are so ambiguous as to be useless.

Admittedly, TV and radio tend to be media of the masses. They are at the fountainhead of an information system that, by its very nature, simplifies, symbolizes, personalizes and stereotypes information so that the information can be delivered in a generic form applicable to large numbers of people. Certainly there is a place on TV and radio for PSAs that bring the AIDS message to the general public. The public in general needs to know about HIV infection, what it is, how it is spread, and how it can be controlled. The public needs to know the difference between HIV infection and the disorder AIDS. The public needs to know about people who are infected, and how those people are working to enjoy fulfilling lives despite their illnesses. But it seems that there should also be a place on radio for an explicit dialog on AIDS. Obviously, there are TV and radio stations--a great many of them--which would be unwilling to air explicit AIDS PSAs. There are many communities in this nation where sex is a taboo subject entirely, places where it is, as Eisenberg writes, ". . .easier to get federal funding for laboratory research than for education about safe sex. Yet only the latter provides immediate means for limiting contagion" (Eisenberg, 1986, p. 248). Places in the broadcast media must be found, especially in the urban areas, for PSAs that bring the AIDS message to specific audiences. Homosexuals, drug users, and others who comprise the groups in most danger of becoming infected with the HIV virus must be subject to information about the dangers involved. This information must be delivered specifically, explicitly, without presenting stereotypes and without disenfranchising these groups.

This effort must be accomplished through coordinated campaigns that don't overwhelm the audiences to which they're targeted, since it has

already been found that members of the public can easily be "confused" by large volumes of material offered in anti-AIDS campaigns "and partly by perceived contradictions" within the messages of those campaigns (Hastings, Eadie & Scott, 1990, p. 20).

Catania, Kegeles and Coates have found that, in order to make headway in the fight against AIDS, society must focus its attention on the labelling of high-risk AIDS behaviors. People need to be told, specifically and explicitly, what behaviors place them in danger of acquiring the deadly disease. Television PSAs showing a man putting a sock on his bare foot and alluding to the similarities between the wearing of the sock and the wearing of a condom simply won't cut it. In their 1990 research, Catania, Kegeles, and Coates wrote that a labelling of behaviors, combined with the personal commitment of individuals to change at-risk behaviors and the establishment of social support programs to support the changes, can help reduce the risk of HIV infection in the community. Along with this labelling of high-risk behaviors must come behavior modeling--the process through which members of at-risk groups are provided with representations of <u>what proper behavior is like</u>. Even the title of the PSA campaign illustrates an inept effort to empower people against illness. A public that simply "responds to AIDS" will never take control of the disease; <u>response</u> indicates that the disease, not people, holds control of the situation.

Until more specific, targeted TV and radio messages about AIDS are crafted--with a concern for identified at-risk groups--people will not have the power to act as agents in the fight against AIDS. The power will remain in the hands of governmentally-endorsed agencies which seem to use AIDS education to ratify and legitimize a particular lifestyle. People, not government need to be empowered. Until that happens, HIV infection and AIDS cannot be brought under control.

TABLE

| Content/Context Variable | Prevalent Among TV PSAs | Prevalent Among Radio PSAs |
|---|---|---|
| Monologue Narration | 16 of 22 spots (73%) | 15 of 22 spots (68%) |
| Male Virus 'Carrier(s)' | 5 of 22 spots (23%) | 10 of 22 spots (45%) |
| Female Virus 'Victim(s)' | 9 of 22 spots (41%) | 10 of 22 spots (45%) |
| Homosexual Relationships Portrayed or Mentioned | 5 of 22 spots (23%) | 0 of 22 spots (0%) |
| Drugs or Infidelity Portrayed or Suggested as Precursor of HIV/AIDS | 8 of 22 spots (36%) | 16 of 22 spots (73%) |
| Inexplicit Terminology Employed in the Narrative | 22 of 22 spots (100%) | 22 of 22 spots (100%) |
| the word "condom" | 4 times in 22 spots | 1 time in 22 spots |
| the word "doctor" | 0 times in 22 spots | 1 time in 22 spots |
| the word "homosexual" | 0 times in 22 spots | 0 times in 22 spots |
| Government Gatekeeper | 22 of 22 spots (100%) | 20 of 22 spots (90%) |
| Strong Fear Appeal(s) | 2 of 22 spots (10%) | 8 of 22 spots (36%) |
| AIDS/HIV Portrayed as 'Enabled' | 11 of 22 spots (50%) | 14 of 22 spots (64%) |
| Female(s) Portrayed as 'Disabled' | 6 of 22 spots (73%) | 12 of 22 spots (55%) |
| AIDS/HIV Portrayed as a Social Problem | 16 of 22 spots (73%) | 16 of 22 spots (73%) |
| AIDS/HIV Portrayed Specifically as a Medical Problem | 1 of 22 spots (5%) | 2 of 22 spots (10%) |

Table reflects findings of a rhetorical and textual analysis of 22 English-language television public service announcements and 22 English-language radio public service announcements disseminated through the "America Responds to AIDS" campaign from 1987 through 1992.

References

AIDS cost increasing. (1991, November 22). The Norman (Oklahoma) Transcript, p. 26.

Alcalay, R. (1983). The impact of mass communication campaigns in the health field. Social Science and Medicine, 17(2), 87-94.

American Advertising Federation. (1989, January 3). The New York Times, p. C9.

Blosser, B., & Roberts, D. P. (1985). Age differences in children's perceptions of message intent: Responses to TV news, commercials, educational sports and public service announcements. Communication Research: An International Quarterly, 12(4), 455-484.

Bosompra, K. (1989). Dissemination of health information among rural dwellers of Africa: A Ghanian experience. Social Science and Medicine, 29(9), 1133-1140.

Brown, B. (1991, November 21). Safe sex sells, but who's buying? The Oklahoma Daily, p. 4.

Catania, J. A., Kegeles, S. M., & Coates, T. J. (1990). Towards an understanding of at-risk behavior: An AIDS reduction model. Health Education Quarterly, 17(1), 53-72.

Chicci, A. H., & Guthrie, H. A. (1982). Effectiveness of radio in nutrition education. Journal of Nutrition Education, 14(3), 99-101.

Cleary, P. D. (1988). Education and the prevention of AIDS. Law, Medicine & Health Care, 16(3-4), 267-273.

Cohen, M., Guiguet, M., Wells, J., & Valleron, A. J. (1990). The impact of interpersonal and mass communications on risk behavior and AIDS knowledge in France. Paper presented at the Fifth Annual International Conference on AIDS, San Francisco, June, 1990.

Comstock, G. (1989). The evolution of American television. Newbury Park, CA: Sage.

deFrancesco, S., Austin, D., Bordowitz, G., Carolomusto, J., & Hoskins, V. (1990). The design and development of AIDS educational materials. Paper presented at the Fifth Annual International Conference on AIDS, San Francisco, June, 1990.

Edgar, T., Hammond, S. L., & Freimuth, V. S. (1989). The role of the mass media and interpersonal communication in promoting AIDS-related behavioral change. AIDS and Public Policy Journal, 4(1), 3-9.

Eisenberg, L. (1986). The genesis of fear: AIDS and the public's response to science. Law, Medicine & Health Care, 14(5-6), 243-249.

Freimuth, V. S., Hammond, S. L., Edgar, T., & Monahan, J. L. (1990). Reaching those at risk: A content-analytic study of AIDS PSAs. Communication Research, 17(6), 775-791.

Garbett, T. F. (1981). Corporate advertising. New York:McGraw-Hill.

Grube, A., & Boehme-Duerr, K. (1988). AIDS in international news magazines. Journalism Quarterly, 65(3), 686-689.

Hales-Mabry, C. (1987). How should the informational needs of the aging be met? Paper presented at the annual conference of the American Library Association, San Francisco, June 27, 1987.

Hanneman, G. J., & McEwen, W. J. (1973). Televised drug abuse appeals: A content analysis. Journalism Quarterly, 50(2), 329-333.

Hastings, G. B., Eadie, D. R., & Scott, A. C. (1990). Two years of AIDS publicity: A review of progress in Scotland. Health Education Research, 5(1), 17-25.

Herek, G. M., & Glunt, E. K. (1988). An epidemic of stigma: Public reactions to AIDS. American Psychologist, 43(11), 886-891.

Jacobs, R. D. (1990). College students and AIDS: A correlational survey of message discrimination and involvement effects on knowledge and behavior change (Doctoral dissertation, Ohio State University, 1990). Dissertation Abstracts International, 51, 3942A.

Just, M., Crigler, A., & Wallach, L. (1990). Thirty seconds or thirty minutes: What viewers learn from spot advertisements and candidate debates. Journal of Communication, 40(3), 120-133.

Maibach, E. W. (1990). Symbolic modeling and cognitive rehearsal: Using video to promote AIDS self-efficacy. Dissertation Abstracts International, 51, 3548A. (University Microfilms No. DA9108868)

Market Facts. (1979). A two-phase survey of the impact of radio and television public service announcements: Final report. Washington, DC: Market Facts. (ERIC Document Reproduction Service No. ED 171 249)

More than 120,000 PSAs on AIDS were carried on TV-radio and cable Oct. 1987-Dec. 1990. (1991, August 19). Television Digest, p. 5.

Myrick, R., Trivoulidis, N., Swanson, D. J., Lam, K., & Al-Qhtani, S. (1992). Representation of AIDS in televised public service announcements: The discursive practices of government in the constitution of knowledge about AIDS. Paper presented at the 78th Annual Convention of the Speech Communication Association, October 27-November 1, 1992, Chicago, IL.

O'Keefe, G. J. (1985). "Taking a bite out of crime": The impact of a public information campaign. Communication Research, 12(2), 147-178.

Overton, H. H. (1989). The impact of health beliefs on young men's decisions to accept or reject safer sex practices to avoid contracting AIDS (Doctoral dissertation, University of Maryland College Park, 1989). Dissertation Abstracts International, 50, 3857A.

Ramirez, A. G. et al (1983). Vivir O Morir? The effects of radio on health education for hispanics. Paper presented at the annual meeting of the American Public Health Association, Dallas, November 13, 1983.

Remafedi, G. J. (1988). Preventing the sexual transmission of AIDS during adolescence. Journal of Adolescent Health Care, 9(2), 139-143.

Robert, F. H., William, F. L., Michael, R., & Sherry, C. (1986). AIDS impact on public policy. New York: Plenum Press.

Rukarangira, D., Ngirabakunzi, K., Bihimi, Y., & Kitembo, M. (1990). Evaluation of the AIDS information program, using mass media campaign, in Lubumbashi, Zaire. Paper presented at Fifth Annual AIDS Conference, San Francisco, June, 1990.

Sandage, C. H., Fryberger, V., & Rotzoll, K. (1983). Advertising theory and practice (11 Ed.). Homewood, IL: Richard D. Irwin Co.

Shapiro, M. J. (1981). Language and political understanding: The policy of discursive practice. New Haven, CT: Yale University Press.

Shapiro, M. J. (1984). Literary production as politicizing practice. In M. J. Shapiro (Ed.), Language and politics: Readings in social and political theory. New York: University Press.

Smail, D. (1984). Illusion and reality: The meaning of anxiety. London: J. M. Dent & Sons.

Strohman, C. A., & Seltzer, R. (1989). Mass media use and knowledge of AIDS. Journalism Quarterly, 66(4), 881-889.

Toufexis, A. (1987, February 2). Ads that shatter an old taboo. Time,p. 63.

U.S. Centers for Disease Control. (1991, June 7). Morbidity and mortality weekly report, 40(22), 357.

Van Dam, C. J. (1989). AIDS: Is health education the answer? Health Policy and Planning, 4(2), 141-147.

Yep, G. A. (1990). AIDS preventative sexual behavior in college students: An impirical test of the health belief model (Doctoral dissertation, University of Southern California, 1990). Dissertation Abstracts International, 51, 3562A.